

Anaphylaxis Emergency Plan

Name: _____

PHOTO

This person has a potentially life-threatening allergy (Anaphylaxis) to:

- ☐ Peanut
- ☐ Tree nuts
- ☐ Egg
- ☐ Milk

- ☐ Other: _____
- ☐ Insect stings
- ☐ Latex
- ☐ Medication: _____

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a “*may contain*” warning.

Epinephrine Auto-Injector: Expiry Date: _____

Dosage: ☐ EpiPen® Jr 0.15 mg ☐ EpiPen® 0.30 mg
☐ Twinject™ 0.15 mg ☐ Twinject™ 0.30 mg

Location of Auto-Injector(s): _____

☐ **Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of “impending doom”, headache

Early recognition of symptoms and immediate treatment could save a person's life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector (e.g. EpiPen® or Twinject™)** at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 10 to 15 minutes or sooner **IF** the reaction continues or worsens.
2. **Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
3. **Remove causative agent.** I.e. Latex glove, perfume, peanuts.
4. **Go to the nearest hospital,** even if symptoms are mild or have stopped.
5. **Call contact person.**

I _____ have been trained in the proper method of administering

(Educator's name)

_____ to _____ and this

(Type of medication)

(Child's Name)

training was completed this ____ day of ____ 20____, by _____.

(trained person/parents name)

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

I, the undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above.

This protocol has been recommended by the patient's physician.

Patient/Parent/Guardian Signature

Date